		(Department, bure	JRSABLE (Department, bureau, or establishment)				1		
Voucher prep	ared at		(Give place and date)			-		Ai	
THE UNITED STATES, Dr.,		Payee's Account No.				DPD-1226-3			
10		(Pa	yee)			-   1.	COFI		
	( <b>A</b> dd		(City)	(State		_			
No. and Date of Order	Date of Delivery or Service	(Enter description its	FICLES OR SERVICE om number of contrac her information deen	et or Federal supp	QUANTITY	UNIT	PRICE Per	AN Doll	
,		Discount 1erms				· · · · · · · · · · · · · · · · · · ·			
		Costs						\$	
PAYMENT:  Complete  Partial									
Final		Use cont	tinuation sheet(s) if nec	cessary					
Shipped from	t		eight	Government B/L	No. (Payee must NC	Т1.'	Total	4	
I certify that the	above bill is correct	t and just and that paymer	nt has not been receive	ed.	(rayee must INC				
		(Sign original only)			merences				
2-3-	50 :-				***********				
Date	, 7	not required when a like cr	ertificate is made by payee on att	ached bill or bills)	Amount verified;	correct fo	r	4)	
Per					(Signature or init				
Contract No.	1-101	Date	Req. No.		Date		Invoice Rec'	d.	
Pursuant to author	ority vested in me, !	I certify that this account i	s correct and proper f	or payment.					
† Approved for \$				†	(Authori	zed Certify	ing Officer)		
Ву			SIGN ORIGINAL ONLY	Title			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Title	~~			Date	u u u ti ti u u ti di uju in dilu di di widi				
1 1616		HIS FORM MUST BE EXECUTED WI	HEN PURCHASES ARE MADE						
	ACCOU	NTING CLASSIFICATION	(Appropriation Sym	bol must be show	n: other classifica	tion optio	nal)	<del></del>	

